

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

For complete items 1, 2, and 3.
Print your name and address on the reverse
so the office can return the card to you.
Attach this card to the back of the mailpiece,
or on the front if space permits.

2. Article Number (Transfer from service label)

Randy Atkins
70 County Road 203
Florence, AL 35633



9590 9402 6955 1104 1142 05

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

7021 0950 0000 6583 2415

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

A. Signature

☒

Randy Atkins

☐ Agent

B. Received by (Printed Name)

Randy Atkins

☐ Addressee

C. Date of Delivery

3/14/2022

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

